

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/531416**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2				/			52						
3				/			53						
4				/			54						
5				/			55						
6				/			56						
7	/		/				57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16	/		/				66						
17		/		/			67						
18	/		/				68						
19		/		/			69						
20		/		/			70						
21		/		/			71						
22		/		/			72						
23	/		/				73						
24		/	/				74						
25				/			75						
26				/			76						
27							77						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓	5	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	19	←	19	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	24		24				TOTAL CLAIMS						

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